Core Participant *Merged Guardian Intake* Form
Children Under 3

Program name: **Date:**

Child's first name:	**Child's** middle name (*optional*)	**Guardian's** first name:	**Guardian's** middle name: (*optional*)
Child's last name:	First name of **child's** mother:	**Guardian's** last name:	First name of **guardian's** mother:
Child's birth date: mm / dd / yyyy	**Child's** gender: ❒ Male ❒ Female	**Guardian's** birth date: mm / dd / yyyy	**Guardian's** gender: ❒ Male ❒ Female
Child's mother's maiden name: (*optional*)		**Guardian's** maiden name: (*optional*)	
Child's place of birth: ❒ If born in California, specify county: _____ ❒ If born in other U.S. state, specify state: _____ ❒ If born in other country, specify country: _____		**Guardian's place of birth**: ❒ If born in California, specify county: _____ ❒ If born in other U.S. state, specify state: _____ ❒ If born in other country, specify country: _____	
Note: If client declines to specify place of birth, you may note as "unknown" under any category.		***Note: If client declines to specify place of birth, you may note as "unknown" under any category.***	
Date intake completed: mm / dd / yyyy		**Consent date:** mm / dd / yyyy	
Child's date of first service**:** mm / dd / yyyy		**Guardian's** date of first service**:** mm / dd / yyyy	
Add **Child** to service group(s)? (*optional*) ❒ If **Yes**, specify:_____		Add **Guardian** to service group(s)? (*optional*) ❒ If **Yes**, specify:_____	
Ethnicity of Child (check **all** that apply**):** ❑ **Alaska Native or American Indian** ➢ **Asian** ❑ Asian Indian ❑ Cambodian ❑ Chinese ❑ Filipino ❑ Japanese ❑ Korean ❑ Vietnamese ❑ Other Asian ❑ **Black/African-American** ➢ **Hispanic/Latino** ❑ Mexican, Mexican-American, Chicano ❑ Puerto Rican ❑ Cuban ❑ Central American ❑ Other Hispanic/Latino ➢ **Pacific Islander** ❑ Native Hawaiian ❑ Guamanian or Chamorro ❑ Samoan ❑ Other Pacific Islander ❑ **White** ❑ **Other**: specify_____ ❑ **Unknown**		**Ethnicity of Guardian** (check **all** that apply**):** ❑ **Alaska Native or American Indian** ➢ **Asian** ❑ Asian Indian ❑ Cambodian ❑ Chinese ❑ Filipino ❑ Japanese ❑ Korean ❑ Vietnamese ❑ Other Asian ❑ **Black/African-American** ➢ **Hispanic/Latino** ❑ Mexican, Mexican-American, Chicano ❑ Puerto Rican ❑ Cuban ❑ Central American ❑ Other Hispanic/Latino ➢ **Pacific Islander** ❑ Native Hawaiian ❑ Guamanian or Chamorro ❑ Samoan ❑ Other Pacific Islander ❑ **White** ❑ **Other**: specify_____ ❑ **Unknown**	

What language does the family speak most at home? *(check **ONE** box):*

- ❑ Mostly English
- ❑ English and another language equally (indicate other language below)
- ❑ Mostly another language (indicate other language below)
- ❑ Unknown

If language other than English, which language does the family primarily speak at home? *(check **ONE** box):*

- ❑ Cantonese
- ❑ Hmong
- ❑ Korean
- ❑ Spanish
- ❑ Tagalog (Pilipino)
- ❑ Vietnamese
- ❑ Other (mark list below)
  - ❑ Albanian
  - ❑ Amharic (Ethiopian)
  - ❑ Arabic
  - ❑ Armenian
- ❑ Assyrian
- ❑ Bosnian
- ❑ Burmese
- ❑ Cebuano (Visayan)
- ❑ Chaldean
- ❑ Chamorro (Guamanian)
- ❑ Chaozhou (Chaochow)
- ❑ Croatian
- ❑ Dutch
- ❑ Farsi (Persian)
- ❑ French
- ❑ German
- ❑ Greek
- ❑ Gujarati
- ❑ Hebrew
- ❑ Hindi
- ❑ Hungarian
- ❑ Ilocano
- ❑ Indonesian
- ❑ Italian
- ❑ Japanese
- ❑ Khmer (Cambodian)
- ❑ Khmu
- ❑ Kurdish
- ❑ Lahu
- ❑ Lao
- ❑ Mandarin (Putonghua)
- ❑ Marshallese
- ❑ Mien
- ❑ Mixteco
- ❑ Pashto
- ❑ Polish
- ❑ Portuguese
- ❑ Punjabi
- ❑ Rumanian
- ❑ Russian
- ❑ Samoan
- ❑ Serbo-Croatian
- ❑ Somali
- ❑ Swahili
- ❑ Taiwanese
- ❑ Thai
- ❑ Tigrinya
- ❑ Toishanese
- ❑ Tongan
- ❑ Turkish
- ❑ Ukrainian
- ❑ Urdu
- ❑ Other language, specify:_____
- ❑ Unknown

Street address: *(optional)*	**City**: *(optional)*
Zip code:	**Phone number**: *(optional)* ( )

Core Participant *Merged Guardian Intake* Form
Children Under 3

Please mark (X) as indicated for each question.

1.	How much did your child weigh when he/she was born?		*Pounds*	*Kilograms*	*Grams*
		☐	*3 lbs. 4 oz. and below*	*Under 1.5*	*Under 1500*
		☐	*3 lbs. 5 oz. - 5 lbs. 7 oz.*	*1.5 – 2.4*	*1500 - 2499*
		☐	*5 lbs. 8 oz. - 7 lbs. 15 oz.*	*2.5 – 3.5*	*2500 - 3599*
		☐	*8 lbs. or more*	*3.6 or more*	*3600 or more*
		☐ *Don't know/Declined*			
2a.	*(Ask only **mother**):* How many months pregnant were you when you first received prenatal care (saw a doctor) for this pregnancy?	____ *Number of months* ☐ *Did not see a doctor during the pregnancy* ☐ *Don't know/Declined*			
2b.	(Ask only **mother**): During your pregnancy, how many times did you see your doctor for prenatal care?	☐ *Never* ☐ *1 time* ☐ *2 times* ☐ *3 times* ☐ *4 times* ☐ *5 times* ☐ *6 times* ☐ *7 or more times* ☐ *Don't know/Declined*			
2c.	*(Ask only **mother**):* Was your child born more than two weeks before he/she was due?	☐ *Yes* ☐ *No → Skip question 2d* ☐ *Don't know/Declined → Skip question 2d*			
2d.	*(Ask only **mother**):* How many days or weeks early was he/she?	*Enter number:* ___ ___ ☐ *Weeks* *or* ☐ *Days*			
3.	*(Ask only **mother**):* How old were you when your child was born?	___ ___ *Years of age* ☐ *Don't know/Declined*			
4.	*(Ask only **mother**):* Since your child was born, has a doctor or other professional asked you questions about how often you felt depressed or hopeless?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*			
5a.	*(Ask only **mother**):* Did you breastfeed your child?	☐ *Yes* ☐ *No → Skip question 5b* ☐ *Don't know/Declined → Skip question 5b*			
5b.	*(Ask only **mother**):* How old was your child when breastfeeding ended?	__ __ . __ *Number of months when ended* ☐*Still breast feeding* ☐ *Don't know/Declined*			
6.	*(Ask only **mother**):* Did you smoke at any time while you were pregnant with him/her?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*			

7.	Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medi-Cal, Healthy Families, or something else?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
7b.	What type of primary health insurance is the child currently covered by?	☐ Uninsured ☐ Insurance purchased directly by parent/guardian ☐ Employer-purchased health insurance ☐ Military Health Care /CHAMPUS/VA ☐ Medi-Cal (full scope/comprehensive) ☐ Medi-Cal (emergency) ☐ Healthy Families ☐ Healthy Kids/California Kids/ or similar program ☐ California Children's Services (CCS) ☐ Child Health and Disability Prevention Program ☐ Access for Infants and Mothers (AIM) ☐ Indian Health Services ☐ Other ☐ *Don't know/Declined*
8a.	Is there a place, other than an emergency room, where your child usually goes when he/she is sick or you need advice about his/her health?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
8b.	Is there a doctor or other health care provider that you usually take your child to for well-child care?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
9.	How many times in the last year did your child receive a well-child checkup, that is, a general checkup when he/she was not sick or injured?	☐ *0 visits* ☐ *1 visit* ☐ *2 visits* ☐ *3 visits* ☐ *4 visits* ☐ *5 visits* ☐ *6 or more visits* ☐ *Don't know/Declined*
10a.	Did your child's doctor or health care provider ever tell you that they were doing a "developmental assessment" of him/her?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
10b.	Did your child's doctor or health care provider ever have him/her pick up small objects or stack blocks or throw a ball or recognize different colors?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
11a.	Has a doctor or other health, school district, or regional center professional ever told you that your child was developmentally delayed? A developmental delay means the child is somewhat slower physically or mentally than other children the same age.	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*

11b.	Has a doctor or other health, school district, or regional center professional ever told you that your child has any of the other following disabilities or special needs? *(Check all that apply.)*	☐ Mental retardation ☐ At risk ☐ Traumatic brain injury ☐ Hearing impairment ☐ Deafness ☐ Visual impairment (including blindness) ☐ Deaf-blindness ☐ Speech or language impairment ☐ Emotional disturbance ☐ Autism ☐ Specific learning disability ☐ Orthopedic impairment ☐ Other health impairment ☐ Multiple disabilities ☐ *No* ☐ *Don't know/Declined*				
11c.	Does your child currently have or has your child ever had an Individualized Family Service Plan (sometimes called an "IFSP") or an Individualized Education Plan (sometimes called an "IEP")?	☐ *Yes—Currently* ☐ *Yes—In the past, but not currently* ☐ *No* ☐ *Don't know/Declined*				
11d.	Sometimes parents have concerns about their children. Are you concerned *a lot*, *a little*, or *not at all* about[1]:	*A lot*	*A little*	*Not at all*	*N/A*	*Don't Know/ Decline*
a)	How your child talks or makes speech sounds?	☐	☐	☐	☐	☐
b)	How your child sees?	☐	☐	☐	☐	☐
c)	How your child hears?	☐	☐	☐	☐	☐
d)	How your child understands what you say?	☐	☐	☐	☐	☐
e)	How your child uses his or her hands and fingers to do things?	☐	☐	☐	☐	☐
f)	How your child uses his or her arms and legs?	☐	☐	☐	☐	☐
g)	How your child is learning preschool or school skills?	☐	☐	☐	☐	☐
h)	How your child gets along with others?	☐	☐	☐	☐	☐
i)	How your child behaves?	☐	☐	☐	☐	☐
j)	How your child is learning to do things for himself or herself?	☐	☐	☐	☐	☐
k)	Whether your child can do what other children his or her age can do?	☐	☐	☐	☐	☐
l)	Your child's emotional well-being?	☐	☐	☐	☐	☐
13a.	How much does your child weigh now (*without shoes)*?	___ ___ ___ . ___ ☐ P*ounds or* ☐ *Kilograms* ☐ *Don't know/Declined*				

[1] Note: The items in question 11d. are drawn from the survey edition of Parents' Evaluation of Developmental Status (PEDS) and do not have an immediate clinical application. Users interested in early detection will need to purchase the actual test (www.pedstest.com). The survey version items are copyrighted and may not be used without express permission from the author (Frances.P.Glascoe@Vanderbilt.edu).

13b. How tall is your child now?	___ *Feet or* ___ ___ *Inches* ___ ___ ___ *Centimeters* ☐ *Don't know/Declined*
15. Does your child have dental insurance?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
16. When did your child last see a dentist or dental hygienist for dental care?	☐ *Child under 12 months of age* ☐ Less than a year ago ☐ 1 year ago, but less than 2 years ago ☐ 2 years ago or more ☐ Never ☐ *Don't know/Declined*
19a. In a typical week, how often do you or any other family member sing songs with your child?	☐ *Child under 12 months of age* ☐ Not at all ☐ Once or twice a week ☐ 3-6 times a week ☐ Every day ☐ *Don't know/Declined*
19b. In a typical week, how often do you or any other family member read to or show picture books to your child?	☐ *Child under 12 months of age* ☐ Not at all ☐ Once or twice a week ☐ 3-6 times a week ☐ Every day ☐ *Don't know/Declined*
19c. In a typical week, how often do you or any other family member tell stories to your child?	☐ *Child under 12 months of age* ☐ Not at all ☐ Once or twice a week ☐ 3-6 times a week ☐ Every day ☐ *Don't know/Declined*
20. Does anyone in your household smoke?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*
21. How many times have you and your family moved in the last 12 months?	____ *Number of times* ☐ *Don't know/Declined*
22. Which of these statements about food best describes your household in the last 6 months?	☐ We have enough to eat and the kinds of food we want. ☐ We have enough to eat but not always the kinds of food we want. ☐ Sometimes we don't have enough to eat. ☐ Often we don't have enough to eat. ☐ *Don't know/Declined*
23. Do you/does the child's mother have a high school diploma or a GED?	☐ *Yes* ☐ *No* ☐ *Don't know/Declined*

24a.	How many family members are there in the household, including you?	____ ____ *Number of family members in household* ☐ *Don't know/Declined*
24b.	Can you tell me about how much money (income) your family received in the last 12 months? Include money from any source you can think of.	$__ __ __ , __ __ __ ☐ *Don't know/Declined → Ask 24c.*
24c.	We don't need to know exactly, but which of the following categories best describes your total family income in the last 12 months?	☐ *Don't know/Declined* ☐ Less than $10,000 ☐ $10,000 – less than $20,000 ☐ $20,000 – less than $30,000 ☐ $30,000 – less than $40,000 ☐ $40,000 – less than $50,000 ☐ $50,000 – less than $75,000 ☐ $75,000 or more
25.	Overall, would you say your child's health is…	☐ Excellent ☐ Very good ☐ Good ☐ Fair, or ☐ Poor ☐ *Don't know/Declined*